# L17000071102

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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03/28/17--01026--025 \*\*150.00

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ECREDARY OF STATE
LAHASSEE, FLORIDA

03/31/17

#### **COVER LETTER**

<b>TO:</b> New Filing S Division of C					
SUBJECT. Avalon N	ational Acquisitions LLC				
SUBJECT:	(Name of Res	ulting Florida Limite	Company)		
	s of Conversion, Artic a "Florida Limited Li				
Please return all corr	espondence concerning	g this matter to:			
Gary Zentner					
	(Contact Person)				
Avalon National Acquis	itions LLC				
	(Firm/Company)				
1067 VINTNER BLVD					
	(Address)				
PALM BEACH GARDI	ENS, FL 33410				
	City, State and Zip Code)				
gary@garyzentner.com					
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Gary Zentner		at ( 917	81-4505		
(Name of Conta	ict Person)	_at ( 917 (Area Code )	(Daytime Tele	phone Number)	•
	for the following amou a bank located in the		cessed by th	nis office must b	e payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy	Certifie	.00 Filing Fees, d Copy, and ate of Status	
STREET ADDRES	S:	MAILI	G ADDRES	SS:	
New Filing Section			ng Section	-	
Division of Corporat	ions		of Corporati	ions	
Clifton Building		P. O. Bo			
2661 Executive Cent	er	Tallahas	ee, FL 3231	14	

32301

Circle Tallahassee, FL

## Articles of Conversion For "Other Business Entity" Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles Avalon National Acquisitions, Corp.	of Conversion is:
(Po7-054811) V (Enter Name of Other Business Entity)  2. The "Other Business Entity" is a corporation  Corporation	
2. The "Other Business Entity" is a corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
on May 7, 2007 (Enter state, or if a non-U.S. entity, the na	ame of the country)
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article Avalon National Acquisitions LLC	es of Organization:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than after the date this document is filed by the Florida Department of State; AND 2) must the effective date listed in the attached Articles of Organization, if an effective date is Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	st be the same as s listed therein.)
5. The plan of conversion has been approved in accordance with all applicable statutes.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appraisal which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	rights the amount to

Signed this 27 day of March	20_17
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative: Printed Name: Gary Zentner	Title: Manager
Signature(s) on behalf of Other Business Enti	ity: [See below for required signature(s)]
Signature:	<b>-</b> , , ,
Printed Name: Gary Benter	Title: Emagor President
Zenther	
Signature:Printed Name:	rri d
Printed Name:	title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Tr'. I
Printed Name:	Fitle:
Signatura	
Signature:Printed Name:	Title:
Trined ranie.	11110.
If Florida Corporation: Signature of Chairman, Vice Chairman, Directo If Directors or Officers have not been selected, a	
If Florida General Partnership or Limited Li Signature of one General Partner.	ability Partnership:
If Florida Limited Partnership or Limited Li. Signatures of ALL General Partners.	ability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00 \$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must	sitions LLC		
(iviusi	contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		ne principal office of the Limited Liability C	ompany is:
Principal Office A	ddress:	Mailing Address:	
1067 VINTNER BLVI	)	1067 VINTNER BLVD	
PALM BEACH GARD	DENS, FL 33410	PALM BEACH GARDENS, FL 33410	
The name and the F	lorida street address of t  Gary Zentner  N	the registered agent are:	
	1047 Vinteen Boulevard		
	1067 Vintner Boulevard		
		(P.O. Box NOT acceptable)	
		FL 33410	
	Florida street address (		

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Gary Zentner	<del></del>
	1067 Vintner Boulevard	
	Palm Beach Gardens, FL 33410	
<del></del>		
<del></del>		
(Use attachment if necessary)		
	ist be specific and cannot be more than five	business days
Note: If the date inserted in this block does not mee	re of filing.) et the applicable statutory filing requirements, this date w	
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ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memily a man aware that any false info constitutes a third degree felo	ber or an authorized representative of a men accordance with section 605.0203 (1) (b), Florida Status ormation submitted in a document to the Department of Story as provided for in \$17.155, F.S.	SELIKE LARY OF THE STATE OF THE

The name and address of each person authorized to manage and control the Limited Liability

**ARTICLE IV-**

Company: